FORM D

. · UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES OF SOUR PURSUANT TO REGULATION D SECTION 4(6), AND/OR 213 SECURITIES OF SOUR PRIOR UNIFORM LIMITED OFFERING EXEMPTION



05003279

15

hours per response

1.00

5	SEC USE ONL	Y
Prefix		Serial
Γ	ATE RECEIV	/ED
	1	

Name of Offering ([]) check if this is an amendment and name has changed, and indicate Common stock and warrants to purchase common stock	change.) 799698	
Filing Under (Check box(es) that apply): [] Rule 504 [] Rule 505 [X] Rule 506 [] Sect		3 5 0000000
Type of Filing: [X] New Filing [] Amendment	\	PROCESSE
A. BASIC IDENTIFICATION DATA		FEB 0-9 2005
1. Enter the information requested about the issuer		
Name of Issuer ([] check if this is an amendment and name has changed, and indicate Cytrx Corporation	change.)	THOMSON FINANCIAL
Address of Executive Offices (Number and Street, City, State, Zip Code) 11726 San Vicente Blvd., Suite 650, Los Angeles, California 90049	Telephone Number (Including Area Code) 310-826-5648	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same	Telephone Number (Including Area Code) Same	
Brief Description of Business Development and commercialization of pharmaceutical products.		
Type of Business Organization [X] corporation [] business trust [] limited partnership, already formed [] limited partnership, to be formed	[] other (please specify):	
Actual or Estimated Date of Incorporation or Organization: Month Year		

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer, and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A RASIC IDENTIFICATION

- 2. Enter the information requested for the following:

 Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and mana		artnership issuers.	p « Bo»			iomp iosavis, and
Check Box(es) that Apply:	[] Promoter	[X] Beneficial Owner	[X] Executive Officer	[X] Director	[]	General and/or Managing Partner
Full Name (Last name first, if	individual)					
Kriegsman, Steven A.						
Business or Residence Addres	ss (Number and	d Street, City, State, Zip	Code)			
11726 San Vicente Blvd., Sui	te 650, Los Ange	eles, California 90049				
Check Box(es) that Apply:	[]Promoter	[] Beneficial Owner	[] Executive Officer	[X] Director	[]	General and/or Managing Partner
Full Name (Last name first, if	individual)					•
Selter, Marvin R.						
Business or Residence Address	ss (Number and	d Street, City, State, Zip	Code)			
11726 San Vicente Blvd., Sui	te 650, Los Ange	eles, California 90049				
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[X] Director	[]	General and/or Managing Partner
Full Name (Last name first, if	individual)					
Wennekamp, Richard L.			· ·		···-	
Business or Residence Address	ss (Number and	d Street, City, State, Zip	Code)			
11726 San Vicente Blvd., Sui	te 650, Los Ange	les, California 90049				
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[X] Director	[]	General and/or Managing Partner
Full Name (Last name first, if	individual)					
Ignarro, Louis, Ph.D.						
Business or Residence Address	ss (Number and	d Street, City, State, Zip	Code)			
UCLA School of Medicine 23	-120-CHS – Box	x 951735 – 650 Charles	Young Drive, Los Angelo	es, CA 90095		
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[X] Director	[]	General and/or Managing Partner
Full Name (Last name first, if	individual)					
Link, Max, Ph.D.						
Business or Residence Address	ss (Number and	d Street, City, State, Zip	Code)			
230 Central Park West, Apt. 1	4-A, N.Y., N.Y.			*		
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[X] Director	[]	General and/or Managing Partner
Full Name (Last name first, if	individual)					
Rubinfeld, Joseph, Ph.D.						
Business or Residence Address	ss (Number an	d Street, City, State, Zip	Code)			
4140 Dublin Road, Suite 200,	Dublin, CA 945	68	·			
	(Use blank	sheet, or copy and use ad	ditional copies of this sh	eet, as necessary.)		

A	DA.	SIC	IDE	VTIEIC	'ATIO	V DATA

2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years;

• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer:

the issuer,	1.11					
Each executive officer :Each general and mana		•	orporate general and man	aging partners of	partner	ship issuers; and
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[X] Executive Officer	[] Director	[]	General and/or Managing Partner
Full Name (Last name first, if	individual)					:
Natalizio, Matthew						
Business or Residence Addres	ss (Number and	d Street, City, State, Zip	Code)			
11726 San Vicente Blvd., Sui	te 650, Los Ange	eles, CA 90049	11 A Table 1			
Check Box(es) that Apply:	[]Promoter	[] Beneficial Owner	[X] Executive Officer	[] Director	[]	General and/or Managing Partner
Full Name (Last name first, if	individual)					
Levin, Benjamin						
Business or Residence Addres	ss (Number and	d Street, City, State, Zip	Code)			
11726 San Vicente Blvd., Suit	te 650, Los Ange	les, CA 90049				
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[X] Executive Officer	[] Director	[]	General and/or Managing Partner
Full Name (Last name first, if	individual)					
Barber, Jack						
Business or Residence Addres	ss (Number and	d Street, City, State, Zip	Code)			
11726 San Vicente Blvd., Suit	te 650, Los Ange	les, California 90049				
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[]	General and/or Managing Partner
Full Name (Last name first, if	individual)					
Business or Residence Address	ss (Number and	d Street, City, State, Zip	Code)			
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[]	General and/or Managing Partner
Full Name (Last name first, if	individual)					49
Business or Residence Address	ss (Number and	d Street, City, State, Zip	Code)			
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[]	General and/or Managing Partner
Full Name (Last name first, if	individual)		· · · · · · · · · · · · · · · · · · ·			
Business or Residence Addres	ss (Number and	d Street, City, State, Zip	Code)			
2 St. 18 (194)						
	(Use blank s	sheet, or copy and use ac	lditional copies of this she	eet, as necessary.)	

			1	B. II	NFORMA	TION AI	BOUT OF	FERING				
Has the	issuer sold.	or does the	issuer inte	nd to sell, to	o non-accre	dited inves	tors in this c	offering?			; -	Yes No [] [X]
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0. 0000						g under UL				
2. What is	the minimu	ım investme	ent that will					-				\$10,000
				•	•							Yes No
		-	_	-								[X]
simil is an brok	ar remunera associated	ntion for sol person or a If more th	icitation of gent of a br an five (5)	purchasers oker or dea persons to	in connecti ler register	ion with sal ed with the	es of securit SEC and/or	directly or ties in the of with a state such a brok	ffering. If a	person to l	oe listed e of the	
Full Name	(Last name	first, if indi	vidual)					-				
Business or	Residence	Address (N	umber and	Street, City	, State, Zip	Code)						
Name of As Rodman &				ers and Co.	, LLC						<u> </u>	
States in W												[X] All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name	(Last name	first, if indi	vidual)			<u> </u>				,	<u> </u>	
Business or	Residence	Address (N	umber and	Street, City	, State, Zip	Code)						
Name of As	ssociated Br	oker or Dea	aler			<u></u>						
States in W (Check	hich Person "All States"	Listed Has	Solicited on	r Intends to	Solicit Pur	chasers				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		[] All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Name	(Last name	first, if indi	vidual)									
Business or	Residence	Address (N	umber and	Street, City	, State, Zip	Code)					· • • • • • • • • • • • • • • • • • • •	
Name of As	ssociated Br	oker or Dea	aler		· ·							
States in W (Check												[] All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

[TX] [UT] [VT] [VA] [WA] [WV] [WI]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.	Aggregate Offering Price	A	mount Alre Sold	eady
	Type of Security	Offering Trice		Solu	
	Debt	\$	\$_		
	Equity	\$	\$_		
	[] Common [] Preferred				
	Convertible Securities (including warrants)	\$	\$_		
	Partnership Interests	\$			
	Other (Specify: Units, each consisting of one share of common stock and one warrant to purchase .50 shares of common stock)	\$_21,321,430	\$_	21,321	,430
	Total	\$ <u>21,321,430</u>	\$_	21,321	<u>,430</u>
				÷	
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors		Aggregate Oollar Amo of Purchase	unt
	Accredited Investors		\$_	21,321	,430
	Non-accredited Investors	-0-	\$_		<u>-0-</u>
	Total (for filings under Rule 504 only)		\$_		
	Answer also in Appendix, Column 4, if filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities of this offering. Classify securities by type listed in Part C - Question 1.	Type of Security	Ε	Oollar Amo Sold	unt
	Type of offering				
	Rule 505		\$_	v	
	Regulation A		\$_		
	Rule 504		\$_		
	Total		\$_		
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees	[X	J .	\$	2,500
	Printing and Engraving Costs	[]		\$	
	Legal Fees	[X	j	\$	50,000
	Accounting Fees	[]		\$	
	Engineering Fees	[]		\$	
	Sales Commissions (specify finders' fees separately)	[]		\$ <u>1,5</u>	27,500
	Other Expenses (identify): NASDAQ Additional Listing Fee	[X	.] .	\$	45,000
	Total	[X	.]	\$1,0	625,000

^{*} In addition, the placement agents received in the aggregate warrants to purchase up to 1,241,870 shares of common stock.

C. OFFERING PRICE, N	UMBER OF INVESTORS, EXP	ENSES	AND USE OF PR	OCEE	DS	
 4. b. Enter the difference between the aggreg Part C - Question 1 and total expenses furn 4.a. This difference is the "adjusted gross p 	ished in response to Part C - Question roceeds to the issuer."				.\$	19,696,430
5. Indicate below the amount of the adjuste proposed to be used for each of the purp purpose is not known, furnish an estimate estimate. The total of payments listed mus the issuer set forth in response to Part C - Q	ed gross proceeds to the issuer used or losses shown. If the amount for any and check the box to the left of the t equal the adjusted gross proceeds to uestion 4.b above.					
			Payments to Officers, Directors, & Affiliates			yments To Others
Salaries and fees		[]	\$	[]	\$	
Purchase of real estate		[]	\$	[]	\$	
Purchase, rental or leasing and installation	on of machinery and equipment	[]	\$	[]	\$	
Construction or leasing of plant building	gs and facilities	[]	\$	[]	\$	
Acquisition of other business (including in this offering that may be used in exch of another issuer pursuant to a merger).	the value of securities involved ange for the assets or securities	[]	\$	[]	\$	
Repayment of indebtedness		[]	\$	[]	\$	
Working capital		[]	\$	[]	\$	19,696,430
Other(specify):		[]	\$	[]	\$	
	At the state of th	[]	\$	[]	\$	
Column Totals		[X]	\$	[X]	\$	19,696,430
Total Payments Listed (column totals ad	lded)			[X]	\$	19,696,430
	D. FEDERAL SIGNATU	RE		.		
The issuer has duly caused this notice to be signed signature constitutes an undertaking by the issuer information furnished by the issuer to any non-accr	ed by the undersigned duly authorized to furnish to the U.S. Securities and edited investor pursuant to paragraph (d person I Exchar (b)(2) of	. If this notice is filed ge Commission, upon Rule 502.	d under writter	Rule 50 request	5, the following of its staff, the
Issuer (Print or Type)	Signature		Date			
CytRx Corporation	Marina Lateo.	حـــــــــــــــــــــــــــــــــــــ	February 2, 200	5		
Name of Signer (Print or Type)	Title of Signer (Print or Type)				· · · · · · · · · · · · · · · · · · ·	

ATTENTION

Chief Financial Officer

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

Matthew Natalizio

\mathbf{r}	CT	₽ Λ.	TIT	CI	GN	T A	TI	TDI	
т.	. 7	- 1	1 5		LII	ıΑ	Iι	JKI	┛.

	T			
1.	Is any party described in 17 CFR 230.262(c), (d), (e) or (f) presently subject to any of the disqualification provisions	Yes	N	VO
	of such rule?	[]	Ď	XĬ.

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature
CytRx Corporation	Marthan Act a Company 2, 2005
Name of Signer (Print or Type)	Title of Signer (Print or Type)
Matthew Natalizio	Chief Financial Officer

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	Intend to sell to non-accredited investors in State (Part B-Item 1)		3	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
			Type of Security and aggregate offering price offered in state (Part C-Item 1)						
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									
AK	:								
AZ									
AR									
CA		Х	Common Stock/Warrants	3	\$2,000,000				Х
со									
СТ		X	Common Stock/Warrants	3	\$1,250,000				X
DE									
DC									
FL						:			
GA									
HI									
ID									
IL		Х	Common Stock/Warrants	3 .	\$1,800,000				Х
IN									
IA									
KS									
KY				" 1000					
LA									
ME									
MD									
MA		ļ							
MI									
MN									
MS									
МО									

				APPE	NDIX			" ;	
1	Intend to sell to non-accredited investors in State (Part B-Item 1)		3 Type of Security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
MT									
NE									
NV									
NH				,					
NJ			•						
NM									
NY		Х	Common Stock/Warrants	16	\$12,898,750				Х
NC									
ND									
ОН									
OK									
OR									
PA		Х	Common Stock/Warrants	1	\$50,000				X
RI									
SC									
SD								.,	
TN									
TX		Х	Common Stock/Warrants	2	\$307,500				X
UT									
VT									
VA									
WA									
WV									
WI		Х	Common Stock/Warrants	1	\$615,000				X
WY									
PR									
Foreign		Х	Common Stock/Warrants	4	\$1,950,180				X